PTO/SB/06 (08-03)
Approved for use through 7/31/2006, ONB 0631-0032
U.S. Potent and Trademark Officer U.S. DEPARTMENT OF COMMERCE

	PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-876									Application or Doctor Number In 1766.087		
	CLAIMS AS FILED - PART! (Column 1) (Column 2)							SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
		FOR	NUMBI	ER FILED	MUMB	ER EXTRA		RATE	FEE		RATE	FEE
	(37	CFR 1.15(a)							5	OR		3
		AL CLAIMS CFR 1.10(cj)	91	minus 20				× 8		OR	x &	
		EPENDENT CLAD CFR 1.16(b)	ws 3	minus 3 =			П	x s=		OR	x s=	
	MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))							+ \$=		OR	+8	
	" If the difference in column 1 is less than zero, enter "O" in column 2.							TOTAL		OR	TOTAL	
	(NE,) LASONHELL COM TO DEPART HIS							S SMALL E	NTITY	OR		THAN ENTITY
30 %	A TN	,	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		, RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
1, 1,	ENDMENT	Total (2F CFR 1.18(1))	281	Minus	" 41	•		X \$==		OR	X \$=	
1	E	independent (37 CFA 1.16(0))	10 4	Minus	 			x 5•		OR	x ••	
	AM	PURST PRESENT	TATION OF MULTIPLE	E DEPENDE	NT CLAIM (37 CI	R 1.18(d))		+5=		OR		
								TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
			(Column 1)		(Column 2)	(Column 3)						
-	MENT B	3/16/04	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	,	RATE.	ADDI- TIONAL FEE
		Total (22 CFR 1.18(2))	28	Minus	4 <i>f</i>			x s =	Λ	OR	x \$=	\
	N N	Sychell (1809)	. 4	Minus	 8	· X		x s=	_	OR	x se	
·	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))							+5=		OR	+ 5=	
	47.56, 16,75							ADD'L FEE	., .	OR	TOTAL ADD'L FEE	/ \
	(Column 1) (Column 2) (Column 3)											
	ENT C	11/1310	CLAIMS REMAINING AFTER () AMENDMENT		HIGHEST MUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADOI- TIONAL FEE		RATE	ADOI- TIONAL FEE
1	ME	Total (D) CFR LINE	28	Minus	-41			x \$=		OR	x s=	
·	ENDME	independent (IF CFR 1.16(t))	4	Minus	<u>"@</u>			X 3		OR	x s=	
	Æ	FIRST PRESENT	FATION OF MULTIPLE	E DEPENDE	NT CLAIM (37 CI	R 1.18(d))		+5==		OR	+ 5	
							•	TOTAL ADD'T FEE		OR	TOTAL .	
		" If the "Highest I	olumn 1 is less the Number Previously Number Previously	Paid For	IN THIS SPACE	is less than 20,	ente	n 70°. '3°			,	

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of Information is required by 37 CFR 1,16. The information is required to obtain or retain a bernell by the public which is to file (and by the USP1O to process) an application. Confidentiatry is governed by 35 U.S.C. 122 and 37 CFR 1,14. This collection is estimated to take 12 minutes to complete including gathering, preparing, and submitting the completed application form to the USP1O. The will vary depending upon the individual case. Any comments on the encount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Citief information Officer, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.